

GALLOWAY TOWNSHIP
TONNAGE REPORTING FORM FOR RECYCLED MATERIALS *(Calendar Year 2014)*
CONTRACTOR

*Name of Business _____

*Mailing Address _____

*City, State, Zip _____

*Contact Person _____

*Title _____ *Email _____

*Phone # _____ *Fax _____

*Type of organization/business _____

** Must be filled in*

RECYCLED MATERIAL	AMOUNT	COLLECTED FROM:	ADDRESS	NAME OF MARKET (if applicable)	ADDRESS OF MARKET
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, the undersigned, certify that to the best of my knowledge, the information provided is accurate.



Print or type name of business representative

Title

Signature

Date



TOWNSHIP OF GALLOWAY
OFFICE OF SUSTAINABILITY
300 E. JIMMIE LEEDS ROAD
GALLOWAY, NJ 08205